

AGENCY NAME:

Legislative Dept. - Codification of Laws and Leg. Council

AGENCY CODE:

A15

SECTION:

91C



Fiscal Year 2016-17 Agency Budget Plan

FORM A – SUMMARY

RECURRING FUNDS (FORM B DECISION PACKAGES)

My agency is submitting the following recurring decision packages (Form B):

For FY 2016-17, my agency is (mark "X"):

☐ Requesting a net increase in recurring General Fund appropriations.

☒ Not requesting a net increase in recurring General Fund Appropriations.

CAPITAL & NON-RECURRING FUNDS (FORM C DECISION PACKAGES)

My agency is submitting the following one-time decision packages (Form C):

For FY 2016-17, my agency is (mark "X"):

☐ Requesting capital and/or non-recurring funds.

☒ Not requesting capital and/or non-recurring funds.

PROVISOS

For FY 2016-17, my agency is (mark "X"):

☐ Requesting a new proviso and/or substantive changes to existing provisos.

☐ Only requesting technical proviso changes (such as date references).

☒ Not requesting any proviso changes.

Please identify your agency's preferred contacts for this year's budget process.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
PRIMARY CONTACT:	James H. Harrison	212-4500	JimHarrison@SCStatehouse.gov
SECONDARY CONTACT:	Kim Hagen	212-4500	KimHagen@SCStatehouse.gov

I have reviewed and approved the enclosed FY 2016-17 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	<u>Agency Director</u>	<u>Board or Commission Chair</u>
SIGN/DATE:	September 15, 2015 	
TYPE/PRINT NAME:	James H. Harrison	

This form must be signed by the department head – not a delegate.